

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Number: Unknown  
Filing Date: October 28, 2003  
Application Type: New Application  
Subject Matter: Utility  
Suggested Classification:  
Suggested Group Art Unit:  
CD-ROM or CD-R?: None  
Number of CD Disks:  
Number of Copies of DCs:  
Sequence Submission?: No  
Computer Readable Form (CRF)? No  
Number of Copies of CRF:  
Title: Thermally-Responsive Record Material  
Attorney Docket Number: 6524  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure: N/A  
Total Drawing Sheets: 0  
Small Entity: No  
Latin Name:  
Variety Denomination Name:  
Petition Included: No  
Petition Type:  
Licensed U.S. Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Application

## APPLICANT INFORMATION

Applicant Authority Type:	Inventor
Primary Citizenship Country:	US
Status:	Full Capacity
Given Name:	Mark
Middle Name:	Robert
Family Name:	Fisher
Name Suffix:	
City of Residence:	Appleton
State or Province of Residence:	Wisconsin
Country of Residence:	US
Street of Mailing Address:	322 N. Oneida Street
City of Mailing Address:	Appleton
State or Province of Mailing Address:	Wisconsin
Country of Mailing Address:	US
Postal or Zip Code of Mailing Address:	54911
Applicant Authority Type:	Inventor
Primary Citizenship Country:	US
Status:	Full Capacity
Given Name:	Stacey
Middle Name:	Ann
Family Name:	Justa MacNeil
Name Suffix:	

City of Residence: Appleton  
State or Province of Residence: Wisconsin  
Country of Residence: US  
Street of Mailing Address: 1120 W. Harris Street  
City of Mailing Address: Appleton  
State or Province of Mailing Address: Wisconsin  
Country of Mailing Address: US  
Postal or Zip Code of Mailing Address: 54914

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number: 29,674  
Phone: (920) 991-8661  
Fax: (920) 991-8852  
E-Mail Address: [bmieliulis@appletonideas.com](mailto:bmieliulis@appletonideas.com)

#### **REPRESENTATIVE INFORMATION**

Representative Customer Number:  
Representative Designation:  
Registration Number:  
Representative Name:

#### **DOMESTIC PRIORITY INFORMATION**

1. Application:  
Continuity Type:
2. Parent Application:  
Parent Filing Date:  
Status:

3. Parent Application:

Continuity Type:

Filing Date of Provisional:

4. Related Application:

Filing Date:

Status:

#### **ASSIGNEE INFORMATION**

Assignee Name: Appleton Papers Inc.

Street Mailing Address: 825 E. Wisconsin Avenue

City of Mailing Address: Appleton

State or Province of Mailing Address: Wisconsin

Country of Mailing Address: US

Postal or Zip Code of Address: 54911